

**CROFT GUIDELINES –**  
**Classifications & Treatment Protocols of Cervical Acceleration/Deceleration (CAD) Trauma**

**Types of Collisions:** (Occupant maybe driver or passenger. Criteria does not consider loss of consciousness, the use of seat belts, shoulder harnesses or other factors).

- Type I\*\*** Primary rear impact (struck car moving or stationary)
- Type II\*\*** Primary side impact
- Type III\*\*** Primary frontal impact
- Other:** Multiple Impacts, Rollover, Spinout etc.

**CAD Grades of Severity of Injury\*\*:**

- Grade I:** Minimal; No limitations of motion or ligamentous injury, No neurological findings
- Grade II:** Slight; Limitations of motion no ligamentous injury, no neurological findings
- Grade III:** Moderate; Limitations of motion; some ligamentous injury, neurological findings may be present.
- Grade IV:** Mod/severe; Limitations of motion; ligamentous instability; neurological findings present.  
Fracture or disc derangement
- Grade V:** Severe; requires surgical management/stabilization post-surgical chiropractic follow-up may be appropriate.

**Stages of Injury:\*\***

- Stage I:** acute; inflammatory phase; 0 - 72 hours
- Stage II:** sub-acute; repair phase; 72 hours - 14 weeks post MVCOI
- Stage III:** remodeling phase; 14 weeks - 12 months or more post MVCOI
- Stage IV:** chronic; permanent injury

**Protocol Frequency and Duration of Care in CAD Traumatology\*\***

	<b>5x/w</b>	<b>3x/w</b>	<b>2x/w</b>	<b>1x/w</b>	<b>1x/mos.</b>	<b>T<sub>D</sub></b>	<b>T<sub>N</sub></b>
<b>Grade I</b>	1w	1-2w	2-3w	<4w	*	<11w	<21
<b>Grade II</b>	1w	<4w	<4w	<4w	<4mo.	<29w	<33
<b>Grade III</b>	1-2w	<10w	<10w	<10w	<6mos.	<56w	<76
<b>Grade IV</b>	2-3w	<16w	<12w	<20w	prn	prn	prn
<b>Grade V</b>	Surgical stabilization necessary--chiropractic care is post-surgical, prn.						



TD = treatment duration                      \* Possible follow-up at one month  
 TN = treatment total number              prn May require permanent monthly or prn (as needed) treatment

There are factors that potentially complicating CAD trauma management & medical treatment duration. Please see PI ONLINE Trainings for details. See web site for courses on these guidelines.

\*\*SRISD = Spine & Research Institute of San Diego □ \*\*Whiplash Injuries Foreman & Croft 1995, 2001 □ \*\*Am Chiro Assoc. J  
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PI trainings, coaching/consulting services for professionals desiring to develop personal injury practices.

**PI ONLINE Training Topics:**

45 hours total class time plus online examinations

**Class**

Opening Presentation – Personal Injury (PI) Practice for Healthcare Providers  
 PI Health Care Timeline  
 States PI Law Review  
 Cervical Acceleration – Deceleration (CAD) Diagnosis/Treatment Protocols (Croft Guidelines)  
 Whiplash Basics  
 CAD & Associated Conditions  
 Traffic Injuries – Crash Forces & Human Injuries  
 Pain Rules by Hogan  
 PI Communications & Report Primer, Becoming a PI Expert

**I**

Outcome Measures  
 PI Case Documentation Procedures  
 PI Paperwork SOAP Notes  
 Low Energy Collisions Biomechanics  
 Medical History Form  
 Fast PI Report Writing  
 Record Request Processing Quick, Cheap & Easy  
 Report of Findings  
 Anatomy of a PI Case

**II**

Physical Examinations  
 Strengthening Your PI Radiology & Reports  
 Penning Method & AMA Translation  
 PI \$ Anatomy  
 Motor Vehicle Collision Occupant Injury Risk Factors  
 Referring Drs. & Special Tests  
 Addressing Insurance Schemes & other PI Solutions  
 Defense Medical Examination's aka IME's  
 High vs Low Energy Crashes Vehicle & Occupant Biomechanics  
 Minor Impact Soft Tissue (MIST) Hype  
 Automobile Crash Reconstruction & Biomechanics

**III**

Depositions, Arbitrations & Court & Legal  
 Attorneys & Physicians Relationships  
 Air Bags & Injuries  
 Success in Small Claims Court  
 Malingering  
 Colossus & Insurance Bodily Injury Software  
 Find the Bullet Vehicle

**IV**

Causation (Medical, Legal and Scientific approaches)  
 Apportionment (Who, What, When, Where and How)  
 AMA Guides 6<sup>th</sup> Ed - Impairment Ratings for the Spine  
 Intrusion Crash Dynamics  
 Objective Evidence  
 Module 1-4 Crash Reviews  
 Module 1-3 Trials Reviews  
 Final PI Thoughts

**V**

For more information:  
[PersonalInjuryTrainingInstitute.com](http://PersonalInjuryTrainingInstitute.com)  
[pitiinfo@gmail.com](mailto:pitiinfo@gmail.com)



**THIS WEEKEND ONLY**



# PI MASTERCLASS RETREAT

Join Dr. States for the ultimate weekend of great food & lodging in Bigfork, Montana, PI training sessions specific to your practice needs, exploring & more.

TWO WEEKENDS AVAILABLE:



**COUPLE'S RETREAT:  
BRING YOUR SPOUSE**

**NOVEMBER 19-22, 2026**

Exclusive access to training with Dr. States, elite doctor group sessions, airport pick up and drop off, Cocktail hour & welcome dinner, excursions, chef prepared meals, snacks, classes for your spouse ALL included. A weekend of learning, brainstorming, connection and fun.

**\$5799 per couple**

(Limited space available)

\*travel to Montana not included

**DOCTOR ONLY RETREAT:**

**JUNE 10-13, 2027**

Exclusive access to training with Dr. States, elite doctor group sessions, PI success stories, welcome dinner, airport pick up and drop off, excursions, chef prepared meals, snacks, ALL included. A weekend of learning, and renewed excitement for all things PI.

**\$3499 per person- private room**

(Limited space available)

\*travel to Montana not included

**VENMO @ANGELLAKELODGE  
MEMO: JUNE OR NOVEMBER TO  
SECURE YOUR SPOT  
TEXT: 801.243.4499**

# RETREAT ACTIVITIES



## WHAT AWAITS YOU:

- ✓ In-person PI training with Dr. Jeff States
- ✓ Onsite chef prepared meals, welcome dinner & cocktail hour
- ✓ Private room at Angel Lake Lodge in Bigfork, Montana
- ✓ Glacier National Park, Glacier Float Tour, Jewel Basin
- ✓ Excursions and activities every day
- ✓ Paddle boarding on Angel Lake
- ✓ Airport pick up and drop off
- ✓ Flathead Lake, Whitefish & more...

FORM / ACTION	PURPOSE — WHY IT MATTERS FOR THE PATIENT
<b>1 INTAKE</b>	<b>PATIENT IMPACT:</b> <i>Protect the patient legally and financially from day one — no surprises, no gaps in their coverage.</i>
Patient Application	Establishes all contact, legal, and insurance information. The foundation of every PI file.
Patient Agreements	Office policies documented upfront — the patient knows what to expect. No surprises.
HIPAA Authorization	Protects patient privacy and establishes consent for records sharing across the entire care team.
Assignment of Benefits	Ensures payment flows directly to the provider — protecting the patient's PIP funds from misuse.
Lien / Letter of Protection	Secures the provider's right to be paid from case proceeds — patient receives care now, pays at resolution.
<b>2 HISTORY</b>	<b>PATIENT IMPACT:</b> <i>Paint a complete, accurate picture of who this patient was before the crash — and what the crash changed.</i>
PI Worksheet	Captures crash facts, parties involved, and initial complaints — the foundation of causation.
3-Page Master History	Comprehensive health and crash history — establishes baseline and identifies pre-existing conditions honestly.
Social & Family History	Occupation, activity level, support system, prior limitations — context that shapes recovery expectations.
Past Medical Records	Know what existed before — essential for accurate causation and defending against pre-existing condition attacks.
Prior Tx Records (Current Trauma)	If treated elsewhere first, those records complete the narrative and prevent defense attacks on gaps.
<b>3 EXAMINATION</b>	<b>PATIENT IMPACT:</b> <i>Establish objective findings that quantify the patient's injuries and track meaningful change over time.</i>
Vitals	Baseline data that tracks systemic changes and validates clinical observations across visits.
Cranial Nerve Exam	Documents head and face injury correlation — critical in TBI and upper cervical cases.
Deep Tendon Reflexes	Neurological involvement documented objectively — cannot be fabricated or dismissed by defense.
Muscle Testing	Identifies myelopathy and atrophy — objective evidence of nerve or spinal cord involvement.
Grip / Pinch Strength	Quantifies neurological affect and upper extremity impairment with reproducible, measurable data.
Ranges of Motion	Differentiates muscle vs. ligament injury — identifies injured areas with standardized measurement.
Ortho / Neuro Testing	Standard and expanded clinical tests that define injury patterns and rule out differentials.
<b>4 DIAGNOSTICS</b>	<b>PATIENT IMPACT:</b> <i>Validate and define injuries with objective testing — make every finding defensible against adversarial scrutiny.</i>
X-Ray (5-7 View DAVIS)	Minimum standard of care in PI — documents structural alignment, fractures, and instability.
MRI	Confirms disc, ligament, and soft tissue pathology based on clinical indications — not routine.
NCV / EMG	Objective evidence of nerve damage — essential for radiculopathy, carpal tunnel, and myelopathy.
Medical Referral	When findings exceed chiropractic scope: medical diagnosis, triage, and specialist recommendations.

FORM / ACTION	PURPOSE — WHY IT MATTERS FOR THE PATIENT
<b>5 INITIAL REPORT</b>	<b>PATIENT IMPACT:</b> <i>Tell the patient's story completely — in writing — so every stakeholder understands the injury, the cause, and the plan.</i>
<b>Subjective</b>	What happened, in the patient's own words — the anchor of the entire clinical narrative.
<b>Mechanism of Injury</b>	Clinical explanation of how this crash caused these specific injuries — the causation bridge.
<b>Chief Complaints</b>	Defines pain: location, intensity, frequency — documented precisely and reproducibly at every visit.
<b>History / ADLs</b>	Contributory history and how injuries affect daily life — humanizes the patient's experience for all parties.
<b>Objective Findings</b>	All exam results, imaging reports, ROM, grip, and test findings compiled in one complete record.
<b>Causation Statement</b>	Are these injuries related to this crash? Your professional opinion, stated clearly and defensibly.
<b>Assessment</b>	Current clinical status and expected outcomes — where the patient is and where they are headed.
<b>Diagnosis (ICD-10)</b>	Accurate, complete coding that reflects all documented injuries — no over-coding, no under-coding.
<b>Recommendations</b>	What treatment is recommended and why — clinical justification for every intervention.
<b>Treatment Plan</b>	How care will be administered, managed, and measured — the roadmap to the patient's recovery.
<b>Treatment Goals</b>	What outcomes are expected — gives the patient and care team a shared, measurable target.
<b>6 UPDATES</b>	<b>PATIENT IMPACT:</b> <i>Document progress — or the absence of it — at every milestone. A complete update record protects both the patient and the case.</i>
<b>Re-Evaluation (4 wks / 12 visits)</b>	Defines progress, plateau, or regression — triggers plan revisions and justifies continued medically necessary care.
<b>Interim Report</b>	Sends updated findings to all stakeholders — keeps attorneys, adjusters, and co-treating providers informed.
<b>Plan Revision</b>	Adjusts care based on current findings — demonstrates responsive, individualized treatment, not a template.
<b>7 CONCLUSION</b>	<b>PATIENT IMPACT:</b> <i>Close the case completely — document all outcomes, permanent findings, and future needs so the patient is fully protected at resolution.</i>
<b>Case Summary</b>	Re-states crash facts and the clinical need for care — anchors the final report in the documented narrative.
<b>Final Examination</b>	Measures current status against starting conditions — demonstrates the full arc of care with objective data.
<b>Outcome Measures</b>	Compares start to finish with validated tools — objective, reproducible proof of functional change.
<b>Sequelae / Non-Resolving Issues</b>	Documents permanent or ongoing injuries — must be clearly stated to protect the patient's long-term claim.
<b>Impairment / Disability / IME</b>	Secures AMA impairment rating and any information needed to protect the patient's legal interests at resolution.
<b>Future Care Recommendations</b>	Provides ongoing care needs beyond case resolution — the patient's long-term wellbeing documented in writing.

## THE PHILOSOPHY BEHIND THIS CHECKLIST

This is not a rinse-and-repeat protocol. It is a monitoring tool that ensures **no detail is left out and no gap is left open**. Every item on this checklist serves the patient first. The legal defensibility and professional protection that follow are the natural result of doing right by the person in your care.

***Hold yourself and your team to this standard on every case — every patient, every time.***